

RFP DMS 2010-02
Medicaid Beneficiary Relations and NET Administration
QUESTIONS AND ANSWERS

Question # 1:

Section 1.4, page 5 - Please comment on the potential systems and data/information interfaces and needs between the Medicaid Beneficiary Relations and NET Administration, Medicaid Provider Representative, Medicaid Data Mining and Program Evaluation, and Medicaid Quality Improvement contracts/contractors. For example, the Medicaid Beneficiary Relations and NET Administration contractor may need information or data from the other contracts to assist in their work with beneficiaries or transportation brokers.

- How will the Medicaid Beneficiary Relations and NET Administration contractor receive this information?

Answer: The State will be the central point of contact but contractors will be expected to communicate with one another.

- How is communication with the other contractors for needed information/data to be handled—may contractors contact each other or will all requests for information/data need to go through DHS?

Answer: Contractors may contact one another but DMS should be included in correspondence.

- How will compatibility of data from contractor to contractor be assured?

Answer: Data will have the same source, MMIS.

- What guarantees of access are given to the Medicaid Beneficiary Relations and NET Administration contractor to ensure timeliness/accuracy of deliverables to enable the contractor to maintain its performance?

Answer: The contractor will have access to necessary data. Methods of provision may be determined after contract award.

Question # 2

Section 1.4, paragraph 3, page 5 - How will data be provided in order to pull the survey samples?

Answer: The contractor will have access to necessary data. Methods of provision may be determined after contract award.

Question # 3

Section 1.4, page 5 refers to distribution of promotional, informational, and other materials. How does DHS DMS propose to handle postage for distribution of these materials? Is it the intent that the contractor includes postage costs in their price proposal or, for simplicity, could postage be a pass-through to DHS?

Answer: Respondent should include postage and distribution costs in price proposal.

Question # 4:

Section 1.4 Scope of Service, bullet 11, page 5 - Define report card. What is the purpose of a report card? If a report card is to be distributed to providers, who will be responsible for printing and distribution costs?

Answer: In general, a report card is a status update on performance. Regarding reports cards as specified in this solicitation, the current contractor has prepared report cards to summarize survey results to DHS/DMS to assess beneficiary satisfaction. However, it is up to the respondent to describe the report card and proposed usages in the technical proposal.

The report cards referenced in this solicitation typically do not go to providers, however all printing and distribution costs are the responsibility of the contractor.

Question # 5:

Section 1.4, third bullet on page 6 – What claims data will be provided in order to manage & monitor NET services and to “research, track & analyze any NET trends” and how will this data be provided?

Answer: The contractor will have access to necessary data. Methods of provision may be determined after contract award.

Question # 6:

Section 4.1, page 14 - In reference to the statement “the respondent shall include four electronic copies of the Technical Proposal (disks) in Microsoft readable format,” does the Microsoft readable format portion refer to Microsoft Office applications specifically or does it encompass anything that Microsoft Operating Systems can execute, such as Adobe applications (pdf)?

Answer: It refers to Microsoft Office applications.

Question # 7:

Section 4.1, page 14 - In reference to the statement “the respondent shall include four electronic copies of the Technical Proposal (disks) in Microsoft readable format,” does the Microsoft readable format portion encompass any or all of the following Microsoft Office applications:

Microsoft Word – 2003

Microsoft Excel – 2003

Microsoft InfoPath – 2003

Microsoft PowerPoint – 2003

Answer: All of the Microsoft Office applications.

Question # 8:

Section 4.2, page 15 and section 4.2.9, page 19 - Section 4.2 lists 11 sections to be included in the Proposal and states that deviation from the prescribed order may disqualify a proposal, yet Section 4.2.9 lists another section/area to be included in the proposal (Compliance with the State Shared Technical Architecture Program) that is not listed in the 11 sections in 4.2. Should Compliance with the State Shared Technical Architecture Program referenced in 4.2.9 be included as Tab 9 in the Proposal or should it be addressed in another Tab referenced in the tab listing in Section 4.2? Will the required Tab structure in Section 4.2 be amended to include this Tab?

Answer: Compliance with the State Shared Technical Architecture Program should be addressed in your proposal. This does not warrant an amendment.

Question # 9:

Section 4.2.5, page 17 - The language here says, "...**should** not exceed three pages." Is there an upper limit to the number of Executive Summary pages?

Answer: Yes, three pages.

Question # 10:

Section 4.2.8, page 18 reads, "The respondent's proposal shall identify key personnel as well as all staff proposed to meet the requirements of the RFP."

- What is the definition of key personnel?
- Are key personnel required to be 100% dedicated to this contract?

Answer: Key personnel are those persons with decision making responsibilities related to the contract and those persons with expertise critical to the function of the contract.

The respondent is required to indicate the full time equivalency of key personnel associated with the contract. Key personnel are required to dedicate at a minimum the FTE included in the proposal.

Question # 11:

Section 4.2.8, page 18 - Is there a difference in evaluation points for actually having the staff on payroll versus a promise of recruitment and/or future employment?

Answer: It is at the evaluator's discretion.

Question # 12:

Section 4.3.3, page 20 and section 5.1.3, page 21- Section 4.3.3 requires respondents to "include a cost analysis to support the reasonableness of the price"; however, Section 5.1.3 does not include any evaluation of price reasonableness. How does the State intend to evaluate price reasonableness and to what extent will this be a component part of the cost proposal evaluation to prevent unrealistic pricing from winning the contract?

Answer: A cost analysis is required to support the price, including the reasonableness of the price, but the cost analysis will not receive a point score, only to justify the price.

Question #13:

Section 4.3.3, page 20 states "Services provided under this contract will be reimbursed based on the following method: Actual Cost Reimbursement. Contractor will not receive any other payment." Would you please explain what these statements mean?

Answer: The contractor will invoice and be paid actual costs of providing required services.

Question #14:

Section 3.17, pages 11-12; section 5.1.4, page 22; and section 5.3 page 23 - Section 3.17, page 11; Section 5.3, page 23; and Section 5.1.4, page 22: Section 3.17 states "If a contract is awarded, it shall be awarded to the respondent whose proposal is determined to be most advantageous to DHS based on the selection criteria, not necessarily the lowest price." Section 5.3 states "The contract will be awarded to the respondent that provides the most effective solution for the price quoted, not necessarily the one with the lowest cost. Section 5.1.4 states, "...the Issuing Officer or designee shall add the points for the Technical Proposal to the point for the Cost Proposal and shall rank the proposals from the highest to lowest according to total

points.” Does 3.17 allow for selection of a technically superior proposal with a realistic cost, even if the total point calculation found in Section 5.1.4 is lower or will the contract be awarded strictly based on the highest overall score?

Answer:

Question # 15:

Attachment E, page 44 and section 4.3.3, page 20 - Is DHS/DMS asking for a price that would remain unchanged for 7 years? Are there provisions for a cost of living adjustment at each renewal year (or any other form of adjustment)?

Answer: Yes – the price will remain unchanged unless there is an amendment to the contract. There are no provisions for a cost of living adjustment.

Question # 16:

Attachment D, Program Deliverable A, Acceptable Performance c and d, page 39 - The following acceptable performance measures are listed:

c. Not including surveys or complaint line communications, technical writing and graphic design is provided as needed for at least four (4) Beneficiary communications annually (at least two (2) by December 31st of each contract year).

d. At least four (4) Beneficiary communications are designed, printed and published annually subject to the approval of DMS (at least two (2) by December 31st of each contract year).

Is the intention to have at least four (4) communications or would this be a total of eight (8)?

Answer: A total of four communications not including surveys or complaint line communications.

Question # 17:

Attachment D, Program Deliverable A, Acceptable Performance c, page 39 - Are the communication pieces intended to be quarterly newsletters to beneficiaries? Who will be responsible to distribute the newsletters?

Answer: The respondent should describe the communications in the proposal. It is the responsibility of the contractor to distribute the communications.

Question # 18:

Attachment D, Program Deliverable A, Acceptable Performance f, page 40 - Are the electronic communication features to be improved referring to functionality or strictly new content? How will improvement be measured?

Answer: It may be functionality or content. Measurement will be determined after award.

Question # 19:

Attachment D, Program Deliverable C, Acceptable Performance a, page 40, reads “At least three (3) Beneficiaries surveys are performed and analyzed each contract year.” What are the estimated sample sizes required for surveys and, if three is the minimum number of surveys, what is the upper limit of surveys to be performed?

Answer: Sample size should be determined by the contractor via statistical standards and would be dependent upon population size.

The upper limit of surveys to be performed is six (6).

Question #20:

Section 1.4, seventh paragraph, ninth bullet, page 5 reads “Perform and analyze at least two (2) patient surveys annually.” What is the acceptable sample size for these surveys and, if two is the minimum number of surveys, what is the upper limit of surveys to be performed?

Answer: Please see responses to Question 19 and Question 21.

Question # 21:

Section 1.4, seventh paragraph, ninth bullet, page 5 refers to performing at least two (2) patient surveys annually; however, these two patient surveys are not mentioned in Attachment D. Are these two patient surveys a part of the three Beneficiary surveys outlined in Attachment D, Program Deliverable C, Acceptable Performance a or are they separate and in addition to those three surveys?

Answer: Yes, the two surveys indicated in Section 1.4 are part of the minimum of three surveys as indicated in Attachment D. Three (3) surveys is the minimum to be performed. The upper limit of surveys to be performed as part of Program Deliverable D is six (6).

Question # 22:

Attachment D, Program Deliverable D, page 41 refers to conduct of a Mental Health survey. What is the estimated sample size and scope for this survey?

Answer: Sample size should be determined by the contractor via statistical standards and would be dependent upon population size.

Question # 23:

Attachment D, Program Deliverable F, Performance Indicator.2, page 42 - How many ad hoc projects does DHS DMS estimate the contractor to perform and what is the relative size/scope of those projects?

Answer: We estimate two ad hoc projects each year. Size and scope are undetermined at this time.

Question # 24:

General - Will the Beneficiary Relations and NET Administrator contractor be given access to DSS?

Answer: It is possible, but will be determined after award of the contract.

Question #25:

General - Are the DMS Medical Director and Assistant positions eliminated or are they being moved to another contract? There was no mention of where these positions fit within this solicitation.

Answer: Those positions are not part of this solicitation.

Question # 26:

General - There will be a new MMIS (implying a new DSS, also) that will rollout after the award of this contract. How will additional compensation (for training, etc.) associated with these new software systems be provided by the State or the MMIS vendor?

Answer: No additional compensation will be provided.

Question # 27:

General – The numerous undefined requirements in Section 1.4 and Appendix D (e.g., ad hoc projects and reports, at least, as needed, as requested, and by request) present challenges in establishing criteria for cost reasonableness. Please provide an estimate of the magnitude of unspecified ad hoc and other requests so offerors may more accurately scope and price their proposals?

Answer: We estimate two ad hoc projects each year. Size and scope are undetermined at this time.

Question # 28:

On page 5 it is stated that the Contractor is to perform at least two (2) patient surveys annually. On page 40, “acceptable performance” is defined as performing at least three (3) surveys annually. These appear to contradict each other and we would like clarification as to how many surveys DMS requires.

Answer: Please see response to Question #21.

Question # 29:

Please confirm if the Adult ConnectCare/Medicaid survey is to be administered every year. Are there any surveys that are needed to be administered every year?

Answer: Yes, the ConnectCare (PCCM Population) is to be performed every year. The ARKids B (Waiver Program) and ARHealthNet surveys are also to be performed every year.

Question # 30:

Are there any surveys that must be performed at particular times each year in order for DMS to meet certain deadlines?

Answer: Yes. The Health Status survey must be performed at a certain time in order to be considered in national benchmark data.

Question # 31:

Page 40, section (c) – “the contractor will conduct focus group evaluations with the ARHealth Net enrollees and, if requested, the Beneficiaries”. Please clarify if this means enrollees and providers? If not, what is the difference between enrollees and Beneficiaries?

Answer: Enrollees are participants in the ARHealthNet Program. Beneficiaries are Medicaid, TERFRA or ARKids B members.

Question # 32:

Is informing Medicaid beneficiaries about the complaint line limited to direct mail or may other outlets for information be used? (i.e. – radio/TV ad, transportation outlets, targeted publications)

Answer: Not limited. Respondent should describe planned approach in technical proposal.

Question # 33:

Will the executive summaries/report cards be printed pieces or electronic?

Answer: May be both. Respondent should address plans in proposal.

Question # 34:

What has been the distribution plan in the past and the quantities distributed?

Answer: Respondent should describe planned approach in technical proposal.

Question # 35:

In “delivering” promotional and informational materials about DMS programs, is delivery method limited or may it involve direct mail distribution, Request on Demand or electronic posting of information?

Answer: Not limited. Respondent should describe planned approach in technical proposal.

Question # 36:

Is the promotional and informational material limited to printed pieces? If so, what have been the quantities utilized in the past?

Answer: Not limited. Respondent should describe planned approach in technical proposal.

Question # 37:

Other than English and Spanish, are there other languages that may be needed for material production?

Answer: No, not at this time.

Question # 38:

Will focus group feedback be allowed for when developing materials, campaigns and intervention messaging?

Answer: Possibly, must be determined after award of contract and must have required permissions of focus group participants.

Question # 39:

How is “time and manner acceptable to DMS” defined/determined?

Answer: Definition not pertinent to preparation of proposal.

Question # 40:

What current distribution method for electronic communication exists for the beneficiary population (i.e.- email addresses)?

Answer: At this time, web only, no e-mail addresses are available.

Question # 41:

Is Web considered the only acceptable means of electronic communication to beneficiaries?

Answer: No

Question # 42:

What other designated organizations will the materials be distributed to and how will notification of these designated organizations be made known?

Answer: The designated organizations will depend on the purpose of the materials distributed. DMS and the contractor will work together to plan distribution. Respondent should describe planned approach to distribution in the technical proposal.

Question # 43:

Attachment D, Section A, Item 5. Please define “provides continuously improving electronic communication to the Beneficiary population”? Is this daily, weekly, monthly, quarterly, as needed or as determined by Medicaid?

Answer: As determined by Medicaid.

Question # 44:

For the development of materials, what is the average or estimated approval/turn-around time for projects?

Answer: To be addressed by respondent in technical proposal.

Question # 45:

Page 6, Section 1.6, “The percentage of total costs of the project or program that will be financed by non-governmental sources is estimated to be 0.00% and the dollar amount that will be financed by non-governmental sources is estimated to be 0.00.” Is this prohibiting an organization to use private funds to fund a portion of this work?

Answer: No.

Question # 46:

Page 20, Section 4.3.3. Please confirm the exact contract type contemplated under the effort. Based on review of this section it is indicative that a cost-reimbursement contract type will be issued with a ceiling wherein the contractor is not required to continue performance after exhaustion of funds. However, this section also refers to “Price”, which infers a Firm Fixed Price type of contract arrangement. Please clarify this aspect of the RFP.

Answer: Contractor will be reimbursed actual cost. Contractor should include an adequate budget to cover the services required by this contract in the price proposal. Contractor must provide services for the entire contract period for the price proposed.

Question # 47:

Page 20, Section 4.3.3, price states that “Services provided under this contract will be reimbursed based on the following method: Actual Cost Reimbursement.” Please clarify the definition of actual cost reimbursement. Is it contemplated that reimbursement will be based on fixed hourly labor rates, or based on actual cost experience based on actual labor, overhead and profit.

Answer: Based on actual cost experience based on actual labor, overhead and profit.

Question # 48:

Page 20, Section 4.3.3, cites “The price will include a cost analysis to support the reasonableness of the price.” Please provide further definition of the details that are needed in order to satisfy this requirement.

Answer: This requires a minimum of a basic budget with a short narrative of the cost.

Question # 49:

We anticipate a transition time period prior to July 1, 2010. Please confirm that there will be a transition period and that we are to include a transition plan and associated costs within the proposal.

Answer: Yes, if the respondent is not the incumbent contractor, or if the respondent is an incumbent contractor and anticipates any transition planning or associated costs, the respondent

should include a transition plan within the proposal. The costs of the transition will not be reimbursed.

Question # 50:

Page 4, Section 1.2, Background, states “In state fiscal year (SFY) 2008, there were approximately 44,000 enrolled Medicaid providers and 760,000 Arkansas Medicaid beneficiaries.” Please provide insight into the expected or anticipated increase in beneficiaries for SFY 2009 and the timeframe set forth in Section 1.5 of the RFP. In the event projections are not readily available, please provide historical Medicaid enrollment numbers for the last seven (7) years by SFY.

Answer:

Total Beneficiary enrollment:

2001	535,000
2002	582,000
2003	626,000
2004	664,000
2005	688,000
2006	730,000
2007	743,000
2008	744,000

Total Enrolled Providers:

SFY03:	23,493
SFY04:	24,321
SFY05:	25,427
SFY06:	26,512
SFY07:	25,862
SFY08:	26,529
SFY09:	32,172

Total Participating Providers:

SFY03:	10,700
SFY04:	11,500
SFY05:	10,154
SFY06:	12,000
SFY07:	12,300
SFY08:	12,750
SFY09:	14,359